

State: Arkansas
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005B Individual - Point-of-Service (POS)
Product Name: 2021 HA Individual QHP Rates
Project Name/Number: 2021 Health Advantage QHP/

Filing at a Glance

Company: HMO Partners, Inc. d/b/a Health Advantage
Product Name: 2021 HA Individual QHP Rates
State: Arkansas
TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg02I.005B Individual - Point-of-Service (POS)
Filing Type: Rate
Date Submitted: 06/19/2020
SERFF Tr Num: HLAD-132409289
SERFF Status: Pending State Action
State Tr Num: ACA ON EXCHANGE
State Status: Waiting Industry Response
Co Tr Num: HLAD-132409289

Implementation: 01/01/2021
Date Requested:
Author(s): Christi Kittler, Yvonne McNaughton, Frank Sewall, Sammytra Williams, Angie Dover, Katrina Higgins, Melissa Bradshaw, Zane Chrisman
Reviewer(s): Donna Lambert (primary), David Dillon, Brian Stentz
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:
This rate filing supports binder HLAD-AR21-125098836.

State: Arkansas
TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005B Individual - Point-of-Service (POS)
Product Name: 2021 HA Individual QHP Rates
Project Name/Number: 2021 Health Advantage QHP/

General Information

Project Name: 2021 Health Advantage QHP
 Project Number:
 Requested Filing Mode: Review & Approval
 Explanation for Combination/Other:
 Submission Type: New Submission
 Overall Rate Impact:
 Deemer Date: 07/20/2020
 Submitted By: Sammytra Williams

Status of Filing in Domicile: Pending
 Date Approved in Domicile:
 Domicile Status Comments: Arkansas is the state of domicile
 Market Type: Individual
 Individual Market Type: Individual
 Filing Status Changed: 06/23/2020
 State Status Changed: 06/19/2020
 Created By: Katrina Higgins
 Corresponding Filing Tracking Number:
 PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: On and Off Marketplace

Filing Description:

Attached are the initial rates for the new 2021 Health Advantage QHP plans. This rate filing supports binder HLAD-AR21-125098836.

Company and Contact

Filing Contact Information

Katrina Higgins, Regulatory Compliance Analyst
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 501-378-2165 [Phone]

Filing Company Information

HMO Partners, Inc. d/b/a Health Advantage
 320 West Capitol
 Little Rock, AR 72203-8069
 (501) 378-2967 ext. [Phone]
 CoCode: 95442
 Group Code:
 Group Name:
 FEIN Number: 71-0747497
 State of Domicile: Arkansas
 Company Type:
 State ID Number: N/A

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 form x 50.00 = 50.00
 Per Company: No

Company	Amount	Date Processed	Transaction #
HMO Partners, Inc. d/b/a Health Advantage	\$50.00	06/19/2020	179754582

State Specific

State:	Arkansas	Filing Company:	HMO Partners, Inc. d/b/a Health Advantage
TOI/Sub-TOI:	HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005B Individual - Point-of-Service (POS)		
Product Name:	2021 HA Individual QHP Rates		
Project Name/Number:	2021 Health Advantage QHP/		

All major medical rate filings must have the "Overall Rate Impact" field on the General Information tab populated with the average rate adjustment requested.: Yes

If rate filing, please provide the SERFF Tracking # of last rate revision REQUEST filed regardless of Disposition.: n/a

Is this product intended to be a QHP or SADP sold ON the Marketplace?: Yes

Is this a medical product intended to be sold ONLY OFF the Marketplace?: No

Is this a dental product intended to be a stand-alone, CERTIFIED dental plan offered OFF the Marketplace to supplement a minimum essential health benefit plan offered on or off the Marketplace?: No

Is this filing submitted to recertify or revise a plan previously certified for use as a QHP, an SADP, or dental product certified to supplement the pediatric benefit of a minimum essential health benefit plan offered on or off the Marketplace? If so, please provide the SERFF Tracking # of the previously approved filing or filings.: No

Is this filing for a non-EHB compliant "transitional" major medical product which can be extended until December 31, 2020?

See CMS Bulletin titled "Insurance Standards. Bulletin Series - INFORMATION - Extension of Limited Non-Enforcement Policy through 2020" dated March 25, 2019.: No

State:	Arkansas	Filing Company:	HMO Partners, Inc. d/b/a Health Advantage
TOI/Sub-TOI:	HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005B Individual - Point-of-Service (POS)		
Product Name:	2021 HA Individual QHP Rates		
Project Name/Number:	2021 Health Advantage QHP/		

Rate Information

Rate data applies to filing.

Filing Method:	Approve
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	Not applicable
SERFF Tracking Number of Last Filing:	Not applicable

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
HMO Partners, Inc. d/b/a Health Advantage	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State: Arkansas **Filing Company:** HMO Partners, Inc. d/b/a Health Advantage
TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005B Individual - Point-of-Service (POS)
Product Name: 2021 HA Individual QHP Rates
Project Name/Number: 2021 Health Advantage QHP/

Rate Review Detail

COMPANY:

Company Name: HMO Partners, Inc. d/b/a Health Advantage
HHS Issuer Id: 13262

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
POS	13262AR023	13262-1771664869460971524	1

Trend Factors:

- Inpatient Hospital
- Outpatient Hospital
- Professional
- Other Medical
- Capitation
- Prescription Drug
- Total

FORMS:

New Policy Forms: 31-31, 31-32
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: Max: Avg:

PRIOR RATE:

Total Earned Premium:
Total Incurred Claims:
Annual \$: Min: Max: Avg:

REQUESTED RATE:

Projected Earned Premium: 81,522,746.00
Projected Incurred Claims: 64,051,486.00
Annual \$: Min: 248.83 Max: 1,619.03 Avg: 503.37

Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company HMO Partners, Inc. d/b/a Health Advantage

SERFF tracking number HLAD-132409289

Submission Date 6/22/2020

Product Name Individual Major Medical POS

Market Type ☒ Individual ☐ Small Group

Rate Filing Type ☐ Rate Increase ☒ New Filing

Scope and Range of the Increase:

The % increase is requested because:

This is a new filing for Health Advantage.

This filing will impact:

of Arkansas policyholder's # of Arkansas covered lives

The average, minimum and maximum rate changes increases are:

- Average Rate Change: The average premium change, by percentage, across all policy holders if the filing is approved %
- Minimum Rate Change: The smallest premium increase (or largest decrease), by percentage, that any one policy holder would experience if the filing is approved %
- Maximum Rate Change: The largest premium increase, by percentage, that any one policy holder would experience if the filing is approved %

Individuals within the group may vary from the aggregate of the above increase components as a result of:

N/A

Financial Experience of Product

The overall financial experience of the product includes:

N/A

The rate increase will affect the projected financial experience of the product by:
N/A

Components of Increase

The request is made up of the following components:

Trend Increases – % of the % total filed increase

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.

This component is % of the % total filed increase.

2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts.

This component is % of the % total filed increase.

Other Increases – % of the % total filed increase

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation.

This component is % of the % total filed increase.

2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by the company, which are not required by either State or Federal Regulation.

This component is % of the % total filed increase.

3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead.

This component is % of the % total filed increase.

4. Changes to Profit Margin – Defined as increases to company surplus or changes as an additional margin to cover the risk of the company.

This component is % of the % total filed increase.

5. Other – Defined as:

N/A

This component is % of the % total filed increase.

Actuarial Memorandum (Redacted Version)

HMO Partners, Inc. d/b/a Health Advantage

Premium Rate Filing
for
Individual Exchange and Off-Exchange Health Benefit Products

Effective January 1, 2021

Redacted, Public Version

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1. General Information

As required by 45 CFR § 154.215, this Actuarial Memorandum documents the development and justification of the Affordable Care Act (ACA) Individual On-Exchange and Off-Exchange health benefit premium rates for HMO Partners, Inc. d/b/a Health Advantage (HA), effective January 1, 2021.

The required company identifying information and company contact information can be found below:

Company Identifying Information

- Company Legal Name: **HMO Partners, Inc. d/b/a Health Advantage**
- State: **Arkansas**
- HIOS Issuer ID: **13262**
- Market: **Individual**
- Effective Date: **1/1/2021**

Company Contact Information

- Primary Contact Name: [REDACTED]
- Primary Contact Telephone Number: [REDACTED]
- Primary Contact E-mail Address: [REDACTED]

2. Proposed Rate Changes

Plan year 2021 will be the first year that HA offers plans in the ACA Individual On-Exchange and Off-Exchange markets. As a result, there is no proposed rate change to report.

While there is no rate change to compare from plan year 2020 to plan year 2021, HA is providing a list of items that were considered in the premium rate development:

- Benefit offerings to ensure plans were in compliance with the 2021 Federal Actuarial Value (AV) Calculator
- Application of benefit factor adjustments in the development of the manual EHB allowed claims PMPM
- Application of claims trend in the development of the manual EHB allowed claims PMPM
- Application of morbidity factor adjustments in the development of the manual EHB allowed claims PMPM
- Consideration of the risk adjustment position for HA in the 2021 plan year
- Assumption that the Health Insurance Providers Fee (HIPF) will not be assessed in 2021
- Application of the Exchange User Fee at 2.5%
- Assumption that 2021 plan Federal cost-sharing reductions (CSRs) will not be paid for the year, in which case the expense will be spread across all On-Exchange silver plans
- Assumption that the 2021 Arkansas Works program budget cap will not limit the amount of CSRs paid for the 2021 plan year

Given the impact of the COVID-19 pandemic on the healthcare system, HA took into consideration whether claim costs for the 2021 projection year should be adjusted to reflect higher claim costs associated with COVID-19. Ultimately, HA decided against making any assumptions that would increase the 2021 proposed rate change. By excluding any adverse impact to the projected 2021 claims for COVID-19, HA will rely on Capital and Surplus to fund COVID-19 related costs that exceed (are in excess of) the underlying claims cost being projected for the 2021 plan year.

3. Market Experience

This section of the Actuarial Memorandum includes details that support the single risk pool calculations for HA's product in the Arkansas Individual market.

Due to this being the first year that HA will be offering plans in the ACA Individual On-Exchange and Off-Exchange markets, there is no current period experience to report. As such, many of the sub-sections in the Market Experience section of the memorandum will not include detailed information.

3.1 Experience and Current Period Premium, Claims, and Enrollment

A. Paid Through Date

There is no current experience period claims information to report.

B. Current Date

There is no current membership or premium information to report.

C. Allowed and Incurred Claims Incurred During the Experience Period

There is no current allowed and incurred claims information to report.

3.2 Benefit Categories

There is no current allowed and incurred claims information to report; therefore, no claims were categorized into different benefit categories.

3.3 Projection Factors

No projection factors were needed, as there is no current allowed and incurred claims information to project.

A. Trend Factors (Cost/Utilization)

No trend factors were needed, as there is no current allowed and incurred claims information to project.

B. Morbidity Adjustment

No morbidity factor adjustments were needed, as there are no current population morbidity factors to project.

C. Demographic Shift

No demographic factor adjustments were needed, as there are no current population demographic factors to project.

D. Plan Design Changes

No plan design factor adjustments were needed, as there are no current plan design factors to project.

E. Manual Rate Adjustments

Due to current experience not being available for HA's ACA Individual On-Exchange and Off-Exchange plans, a manual rate was developed for the purpose of establishing a Manual EHB Allowed Claims PMPM rate for the 2021 projection period.

[REDACTED]

- [REDACTED]
 - [REDACTED]
- [REDACTED]
- [REDACTED]

- [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED]
 - [REDACTED]
- [REDACTED]
 - [REDACTED]

F. Credibility of Experience

[REDACTED]

G. Establishing the Index Rate

The index rate for HA's 2021 On-Exchange and Off-Exchange Individual rate filing is [REDACTED]

H. Development of the Market-Wide Adjusted Index Rate (MAIR)

The development of the projection period MAIR can be viewed in the exhibit below. Additional information regarding risk adjustment and exchange user fee modifiers can also be found in this section.

Please note that any PMPM differences between the exhibit below and the URRT are due to rounding limitations in the URRT.

Exhibit 1: [REDACTED]
Exhibit Redacted

(1) Reinsurance

[REDACTED]

(2) Risk Adjustment Payment/Charge

The expected risk adjustment transfer can be found in Worksheet 1, Section II of the URRT.

[REDACTED]

The basis for this calculation was [REDACTED] risk adjustment information for the Arkansas ACA Individual market [REDACTED]. HA used this information to estimate their risk adjustment position for the 2021 projection period. This information came from the following sources:

- [REDACTED]
 - [REDACTED]
- [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED]
 - [REDACTED]

When estimating the risk adjustment transfer for the 2021 projection period, key variables in the risk adjustment transfer were estimated and applied against the Federal risk adjustment transfer formula. These variables include the following:

- [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED]
 - [REDACTED]
 - [REDACTED]
 - [REDACTED]
- [REDACTED]
 - [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
 - [REDACTED]
 - [REDACTED]

Other variables used in the risk adjustment transfer formula were carried over from 2019 into 2021 with [REDACTED]. These factors include the following:

- [REDACTED]
- [REDACTED]
- [REDACTED]

[REDACTED]

The overall expected HCRP PMPM position is [REDACTED]

The following exhibit below demonstrates how the risk adjustment, HCRP, and combined estimates (in total) were calculated. This is being presented on a paid basis. Risk adjustment transfer factors for other insurers operating in the Arkansas individual market are included for calculation purposes, but their totals are not included in the risk adjustment and HCRP totals.

Exhibit 2: [REDACTED]
Exhibit Redacted

[\(3\) Exchange User Fees](#)

The exchange user fee (EUF) estimate can be found in Worksheet 1, Section II of the URRT.

The EUF is applied as an adjustment to the index rate at the market level. The EUF for the projection period is expected to be [REDACTED]

Please note that any PMPM differences between this memorandum and the URRT are due to rounding limitations in the URRT.

3.4 Plan Adjusted Index Rate

The plan adjusted index rate (PAIR) was calculated by applying all allowable adjustments to the MAIR as outlined in the 2021 URRT instructions. All factors outlined below can be found in Worksheet 2, Section III of the URRT.

A. Actuarial Value (AV) and Cost-Sharing Design Adjustment

The weighted average AV and cost-sharing design factor for the 2021 projection period

Benefit factors to adjust the Manual EHB Allowed Claims to the projection period were developed using

Plan benefits were primarily determined in order to maintain compliance with the 2021 Federal AV Calculator.

B. Changes to Network, Delivery System, and Utilization Management Practices

The weighted average factor for changes to network, delivery system, and UM practices is

C. Benefits in Addition to EHB Benefits

The weighted average factor for benefits covered in addition to EHB benefits is

The non-EHB benefits included in the “Benefits in Addition to EHB” factor are as follows:

- Treatment of craniofacial anomaly
 - Coverage of craniofacial anomaly is a state mandated benefit adopted after December 31, 2011 by the State of Arkansas.¹
- Adult vision exams
- Newborn screening

D. Administrative Costs

The following administrative costs include all expenses other than EUF and reinsurance fees, which have already been factored into the MAIR.

(1) Administrative Expense

The weighted average factor for administrative expenses is

(2) Taxes and Fees

The weighted average factor for taxes and fees in the projection period is. This percentage does not include EUF, but does include the following:

-

¹ Ark. Code Ann. §§23-79-1501 et seq.

- [REDACTED]
- [REDACTED]
- [REDACTED]

(3) Profit and Risk Load

The weighted profit and risk load for the projection period is [REDACTED]

E. Development of Plan Adjusted Index Rate

The exhibits below demonstrate how the plan adjusted index rate was developed for each plan ID being offered in 2021. This includes an exhibit that ties the administrative expenses, taxes and fees, and profit and risk loads for each Plan ID to Worksheet 2, Section III of the URRT.

Please note that any PMPM differences between the exhibits below and the URRT are due to rounding limitations in the URRT.

Exhibit 3: [REDACTED]

Exhibit Redacted

Exhibit 4: [REDACTED]

Exhibit Redacted

3.5 Calibration

The following calibrations are used to make the PAIR calibrated to a 1.00 factor. All of the calibration factors can be found in Worksheet 2, Section III of the URRT.

A. Age Curve Calibration

The age calibration factor for the 2021 projection period is [REDACTED]. This was found using the most recent Federal age curve and applying it to our 2021 projection period enrollment by age, which resulted in an average age curve factor of [REDACTED].

The age curve calibration factor is used to help calibrate the PAIR to a normalized value, which can then be applied to consumer-level adjustments. The age curve is one of three factors used to normalize (see sections B and C below). Once the PAIR is normalized to the calibrated PAIR and ready to be priced at the consumer-level, HA will apply the appropriate age factor based on a consumer's age per the Federal age curve (see Appendix A).

B. Geographic Factor Calibration

[REDACTED]

C. Tobacco Use Rating Factor Calibration

The tobacco rating calibration factor is [REDACTED]. [REDACTED]
[REDACTED]. See Appendix A for a complete list of age ranges that have the tobacco load applied to consumers currently using tobacco products.

D. Combined Calibration Factors

The combined calibration factors used in the 2021 rate filing is [REDACTED]. It is used uniformly for all plans in the single risk pool. The exhibit below demonstrates how the calibrated plan adjusted index rate is calculated, using the plan adjusted index rate and calibration factors.

Please note that any PMPM differences between the exhibit below and the URRT are due to rounding limitations in the URRT.

Exhibit 5: [REDACTED]

Exhibit Redacted

3.6 Consumer Adjusted Premium Rate Development

The exhibit below shows how to calculate the premium rate for a non-smoking 35 year-old on the 13262AR0230002 plan (HA Silver Plan AW1). The exhibit starts with the PAIR, applies the calibration factors from Section 3.5 of this memorandum, and then applies the appropriate consumer-level adjustments based on the consumer's age, rating area, and tobacco status.

Please note that any PMPM differences between the exhibit below and the URRT is due to rounding limitations in the URRT.

Exhibit 6: [REDACTED]

Exhibit Redacted

4. Projected Loss Ratio

The projected loss ratio for the 2021 projection period was calculated based on the federally prescribed MLR methodology. Due to this being a new product in 2021, there is no experience from 2019 or 2020 to calculate a projected three-year average MLR.

Exhibit 7:

Exhibit Redacted

5. Plan Product Information

5.1 AV Metal Value

All plan AV metal values were based on the Federal AV Calculator methodology and tool. These values by plan can be found in Worksheet 2, Section I of the URRT.

5.2 Membership Projections

The membership projections used for the 2021 projection period [REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]

Membership for plan variants with CSR subsidies were projected by [REDACTED]

[REDACTED]. The exhibit below provides the CSR variant membership projections by silver plan.

Exhibit 8: [REDACTED]

Exhibit Redacted

5.3 Terminated Plans and Products

Due to this being a new product in 2021, there are no terminating plans.

5.4 Plan Type

All plans in Worksheet 2, Section 1 of the URRT were described accurately by the available drop-down box in this section of the URRT.

6. Miscellaneous

6.1 Effective Rate Review Information

As this section is optional, HA has elected not to provide additional information requested in this section.

6.2 Actuarial Certification

I, [REDACTED], am a Fellow in the Society of Actuaries (FSA) and a member of the American Academy of Actuaries. I meet the Qualification Standards of Actuarial Opinions as adopted by the American Academy of Actuaries, and have the education and experience necessary to complete this rate filing for HMO Partners, Inc. d/b/a Health Advantage (HA). [REDACTED]
[REDACTED]

I certify the rates in this filing were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the profession's Code of Professional Conduct. While other ASOPs apply, particular emphasis was placed on the following:

- ASOP No. 5, *Incurred Health and Disability Claims*
- ASOP No. 8, *Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits*
- ASOP No. 12, *Risk Classification*
- ASOP No. 23, *Data Quality*
- ASOP No. 25, *Credibility Procedures*
- ASOP No. 41, *Actuarial Communications*
- ASOP No. 42, *Health and Disability Actuarial Assets and Liabilities Other Than Liabilities for Incurred Claims*
- ASOP No. 45, *The Use of Health Status Based Risk Adjustment Methodologies*
- ASOP No. 50, *Determining Minimum Value and Actuarial Value under the Affordable Care Act*

I certify that to the best of my knowledge and judgment:

1. The projected Index Rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102)
 - Developed in compliance with the applicable Actuarial Standards of Practice
 - Reasonable in relation to the benefits provided and the population anticipated to be covered
 - Neither excessive nor deficient
2. The Index Rate and only the allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan-level rates.
3. The geographic rating factors reflect only differences in the costs of delivery (which can include unit cost and provider practice pattern differences) and do not include differences for population morbidity by geographic area.
4. The AV Calculator was used to determine the AV Metal Values shown in Part I of Worksheet 2 in the URRT for all plans.

The URRT does not demonstrate the process used by the issuer to develop the rates. Rather, it represents information required by federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Exchanges, and for certification that the Index Rate is developed in accordance with federal regulation and used consistently and only adjusted by the allowable modifiers.

The 2021 plan year premium rates in this Actuarial Memorandum are contingent upon the status of the ACA statutes and regulations, including any regulatory guidance, court decisions, or otherwise at the Federal and State levels. Changes have the potential to greatly impact the 2021 plan year premium rates provided in this Actuarial Memorandum. Changes include, but are not limited to, any legislative or regulatory amendments, court decisions, or decisions by Congress, the Health and Human Services Secretary or the Centers for Medicare and Medicaid Services director.

At the time of this rate filing submission, I acknowledge there is substantial uncertainty regarding the impact of the COVID-19 pandemic on setting premium rates, including whether the pandemic will increase or decrease costs in 2021. Due to this uncertainty, I have chosen not to make an adjustment to the 2021 premium rates. As more information becomes known about the medical and economic impact of the COVID-19 pandemic, it is possible the 2021 premium rates will become excessive or deficient, and would therefore need to be adjusted to ensure premiums are neither excessive nor deficient.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Appendix A



Exhibit Redacted